



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE AUG 22 80

1LD006929236

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER APPROVED DATE RECEIVED (yr., mo., & day)

FILED006929236 21 A 800818

I. NAME OF INSTALLATION

CHICAGO MILWAUKEE ST PAUL AND PACIFIC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3516 W JACKSON BLVD ROOM 848

CITY OR TOWN ST. ZIP CODE

4 CHICAGO IL 60606

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5210 W JACKSON BLVD ROOM 848

CITY OR TOWN ST. ZIP CODE

6 CHICAGO IL 60606

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title) PHONE NO. (area code & no.)

2 PLATTENBERGER W F A.V.P. OPER. 312-648-3489

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 CHICAGO MILWAUKEE ST PAUL AND PACIFIC RR

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

A. GENERATION B. TRANSPORTATION (complete item VII)

C. TREAT/STORE/DISPOSE D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only: enter "X" in the appropriate box(es))

A. AIR B. RAIL C. HIGHWAY D. WATER E. OTHER (specify):

B. RAIL C. HIGHWAY

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

A. FIRST NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete item C)

A. FIRST NOTIFICATION

C. INSTALLATION'S EPA I.D. NO.

1LD006929236

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

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CONTINUE ON REVERSE

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W L D 0 0 6 9 2 9 2 3 6 2 1

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

P. F. Cruikshank

NAME & OFFICIAL TITLE (type or print)

Vice President Operations

DATE SIGNED



PLEASE PLACE LABEL IN THIS SPACE

1LD006929236

COMMENTS

[illegible]

INSTALLATION'S EPA I.D. NUMBER													APPROVED	DATE RECEIVED (yr., mo., & day)											
S												T/A	C	A	8	0	0	8	1	8					
F	I	L	D	0	0	6	9	2	9	2	3	6	2								1	16	17	-	22
1	2											13	14								15				

C	H	I	C	A	G	O		M	I	L	W	A	U	K	E	E		S	T		P	A	U	L		A	N	D		P	A	C	I	F	I	C
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STREET OR P.O. BOX

3	5	1	6		W		J	A	C	K	S	O	N		B	L	V	D		R	O	O	M		8	4	8			
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CITY OR TOWN															ST.		ZIP CODE					
C															I	L	6	0	6	0	6	
15	16														40	41	42	43	44	45	46	47

STREET OR ROUTE NUMBER

[illegible]

CITY OR TOWN															ST.		ZIP CODE				
C															I	L	6	0	6	0	6
15	16														40	41	42	43	-	51	

NAME AND TITLE (last, first, & job title)

[illegible]

A. NAME OF INSTALLATION'S LEGAL OWNER

8	C	H	I	C	A	G	O		M	I	L	W	A	U	K	E	E		S	T		P	A	U	L		A	N	D		P	A	C	I	F	I	C		R	E
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B. TYPE OF OWNERSHIP (enter the appropriate letter into box)		VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))	
F = FEDERAL M = NON-FEDERAL	M	<input type="checkbox"/> A. GENERATION	<input checked="" type="checkbox"/> B. TRANSPORTATION (complete item VII)
		<input type="checkbox"/> C. TREAT/STORE/DISPOSE	<input type="checkbox"/> D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only – enter “X” in the appropriate box(es))

☐ A. AIR ☒ B. RAIL ☒ C. HIGHWAY ☐ D. WATER ☐ E. OTHER (specify):

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DEC 09 1980

☒ A. FIRST NOTIFICATION ☐ B. SUBSEQUENT NOTIFICATION (complete item C)

Please go to the reverse of this form and provide the requested information.

C. INSTALLATION'S EPA I.D. NO.											
I	L	D	0	0	6	9	2	9	2	3	6

I.D. -- FOR OFFICIAL USE ONLY

W	I	L	D	0	0	6	9	2	9	2	3	6	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

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☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

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(D000)
X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>P. F. Cruikshank</i> P. F. Cruikshank	NAME & OFFICIAL TITLE (type or print) Vice President Operations	DATE SIGNED 8-18-80
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ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

ILD006929236

REACKNOWLEDGEMENT

CHICAGO MILWAUKEE ST PAUL AND PACIFIC
516 W JACKSON BLVD ROOM 848
CHICAGO IL 60606

INSTALLATION ADDRESS

516 W JACKSON BLVD ROOM 848
CHICAGO IL 60606



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF

5AHWM

EPA Identification Number:

IL D006929236

Dear Notifier:

The U. S. Environmental Protection Agency (EPA) has received the notification (form 8700-12) which you filed pursuant to Section 3010 of the Resource Conservation and Recovery Act, 42 U.S.C. 6930. Our review of the notification shows that either all pertinent information was not included, it was illegible, or some question exists concerning final disposition of the notification. The box marked below will identify which applies, and the appropriate action on your part.

- ☒ 1. Pertinent information required was not included. Please complete the items circled in red. *blue*
- ☐ 2. The form was illegible. A new Notification Form is being returned to you for completion.
- ☐ 3. You have indicated you do not handle hazardous waste. If you will in the future, and would like an EPA Identification Number at this time, please resubmit the enclosed form completing the items circled in red. If you do not respond by the date indicated below your notification will be disregarded.

Please follow the instructions above returning the form and this letter to the following address by 12/15/80

EPA Region V
RCRA Activities
P. O. Box 7861
Chicago, Illinois 60680

Sincerely yours,

C. A. Keim
Regional Project Officer

VICE PRESIDENT

DEC 5

OPERATIONS